

STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
DF-46 (REV 08/15)

Fiscal Year 2016-17	Business Unit 4260	Department Health Care Services	Priority No.
Budget Request Name 4260-005-BCP-DP-2016-GB		Program 3960010	Subprogram

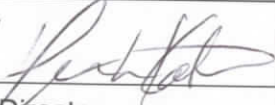
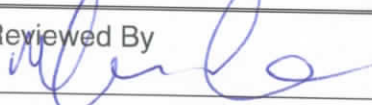
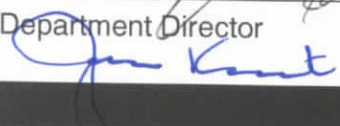
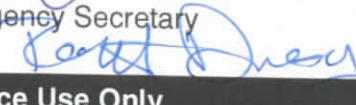
Budget Request Description
California Community Transitions Demonstration Project

Budget Request Summary

The DHCS, Long Term Care Division, requests five-year limited-term resources of \$941,000 (Federal Trust Fund). The federal Money Follows the Person (MFP) Rebalancing Demonstration was extended by the U.S. Centers for Medicare and Medicaid Services (CMS) for an additional five years through 9/30/2020. The MFP Rebalancing Demonstration is known as the California Community Transitions Demonstration Project (CCT), in the State. The request for 5-year limited-term resources coincides with the grant and close out reporting to CMS.

Requires Legislation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Code Section(s) to be Added/Amended/Repealed	
Does this BCP contain information technology (IT) components? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, departmental Chief Information Officer must sign.</i>	Department CIO	Date
For IT requests, specify the date a Special Project Report (SPR) or Feasibility Study Report (FSR) was approved by the Department of Technology, or previously by the Department of Finance. <input type="checkbox"/> FSR <input type="checkbox"/> SPR Project No. Date:		

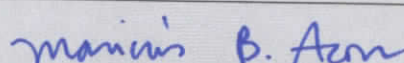
If proposal affects another department, does other department concur with proposal? ☐ Yes ☐ No
Attach comments of affected department, signed and dated by the department director or designee.

Prepared By 	Date 1/5/2015	Reviewed By 	Date 1/6/15
Department Director 	Date 1/6/16	Agency Secretary 	Date 1/7/16

Department of Finance Use Only

Additional Review: ☐ Capital Outlay ☐ ITCU ☐ FSCU ☐ OSAE ☐ CALSTARS ☐ Dept. of Technology

BCP Type: ☐ Policy ☐ Workload Budget per Government Code 13308.05

PPBA 

Date submitted to the Legislature
1/8/16

BCP Fiscal Detail Sheet

BCP Title: California Community Transitions Demonstration Project

DP Name: 4260-005-BCP-DP-2016-GB

Budget Request Summary

	FY16					
	CY	BY	BY+1	BY+2	BY+3	BY+4
Salaries and Wages						
Earnings - Permanent	0	524	524	524	524	524
Total Salaries and Wages	\$0	\$524	\$524	\$524	\$524	\$524
Total Staff Benefits	0	253	253	253	253	253
Total Personal Services	\$0	\$777	\$777	\$777	\$777	\$777
Operating Expenses and Equipment						
5301 - General Expense	0	32	32	32	32	32
5302 - Printing	0	16	16	16	16	16
5304 - Communications	0	16	16	16	16	16
5320 - Travel: In-State	0	12	12	12	12	12
5322 - Training	0	8	8	8	8	8
5324 - Facilities Operation	0	72	72	72	72	72
5344 - Consolidated Data Centers	0	8	8	8	8	8
Total Operating Expenses and Equipment	\$0	\$164	\$164	\$164	\$164	\$164
Total Budget Request	\$0	\$941	\$941	\$941	\$941	\$941

Fund Summary

Fund Source - State Operations						
0890 - Federal Trust Fund	0	941	941	941	941	941
Total State Operations Expenditures	\$0	\$941	\$941	\$941	\$941	\$941
Total All Funds	\$0	\$941	\$941	\$941	\$941	\$941

Program Summary

Program Funding						
3960010 - Medical Care Services (Medi-Cal)	0	941	941	941	941	941
Total All Programs	\$0	\$941	\$941	\$941	\$941	\$941

Personal Services Details

Salaries and Wages	CY	BY	BY+1	BY+2	BY+3	BY+4
VR00 - Various (Eff. 07-01-2016)(LT 06-30-2021)	0	524	524	524	524	524
Total Salaries and Wages	\$0	\$524	\$524	\$524	\$524	\$524
Staff Benefits						
5150350 - Health Insurance	0	126	126	126	126	126
5150600 - Retirement - General	0	127	127	127	127	127
Total Staff Benefits	\$0	\$253	\$253	\$253	\$253	\$253
Total Personal Services	\$0	\$777	\$777	\$777	\$777	\$777

Analysis of Problem

A. Budget Request Summary

The Department of Health Care Services (DHCS) requests five-year limited-term resources of \$941,000 (Federal Trust Fund). The federal Money Follows the Person (MFP) Rebalancing Demonstration was extended by the U.S. Centers for Medicare and Medicaid Services (CMS) for an additional five years through 9/30/2020. The MFP Rebalancing Demonstration is known as the California Community Transitions (CCT) Demonstration Project in the State. The request for 5-year limited-term resources coincides with the grant and close out reporting to CMS. The requested resources will continue the MFP work. The CCT Demonstration Project is 100 percent federally funded through the MFP grant.

The requested resources will address the workload performed by existing limited term positions currently set to expire on June 30, 2016. These resources are necessary to maintain the current program, meet MFP benchmarks, build the capacity of the Home and Community-Based Services (HCBS) delivery system and providers to sustain institution-to-community transitions beyond the expiration of the MFP grant, and to adequately implement MDS 3.0 Section Q to comply with the U.S. Supreme Court's Olmstead Decision. CCT currently draws down 87% Federal Medical Assistance Percentage (FMAP) for Local Assistance expenditures as compared to 50% for standard Medi-Cal beneficiary assistance.

B. Background/History

In 2005, Congress authorized the MFP Rebalancing Demonstration and grant funding under the Deficit Reduction Act (P.L. No. 109-171); and in 2010, Congress extended MFP grants through September 30, 2016 under the Patient Protection and Affordable Care Act (P.L. 11-148). Current authorization of the MFP Demonstration is set to expire at the end of 2016; however, federal regulation allows MFP grantees to continue to spend grant funding through September 30, 2020 by way of supplemental budgets awarded in federal fiscal year 2016.

In order for a state to receive authorization to use remaining grant funding for the provision of MFP services, grantees were required to submit a sustainability plan that details projected methods for continuing the program and the steps necessary to continue to rebalance the long-term care system and increase transition activities during the final years of the Demonstration. California's approach to developing a Sustainability Plan was accepted on November 6, 2015. The official approval of the budget through September 30, 2020 will be issued by the CMS Office of Acquisition and Grants Management pending review of the final supplemental budget request submitted on October 1, 2015.

The MFP Demonstration targets Medicaid beneficiaries of all ages who have nursing level of care need, and who have continuously resided in hospitals, nursing facilities (NFs), or intermediate care facilities for persons with developmental disabilities (ICF-DD) for three months or longer. CMS views the MFP Demonstration as part of a comprehensive, coordinated strategy to assist states, in collaboration with stakeholders, to make widespread changes to long-term care delivery systems across the nation.

When California was awarded an MFP grant in January 2007, existing staff were re-directed to develop the MFP Demonstration, called California Community Transitions (CCT). CCT was implemented on September 24, 2008, after DHCS accepted the federal Special Terms and Conditions and the state fiscal year 2008-09 budget was signed. The first year and

Analysis of Problem

one-half was spent working with stakeholders to develop the federally-required Operational Protocol, build project infrastructure, and recruit and train CCT Lead Organizations on all aspects of the transition process.

Between 2008 and 2011 the growth of CCT accelerated beyond state staffing capacity, and five additional limited-term positions were approved for five years beginning in FY 2012-13 through 2016. Since then the number of local providers has increased from 25 to 32, and the annual number of transitions has increased from 356 transitions in 2011 to 518 in 2014. To date, 2,560 Medicaid beneficiaries have transitioned from an institution to live and receive services in the community.

On October 1, 2010, CMS required all Medicare and Medicaid-certified facilities to begin using a new iteration of the Minimum Data Set (MDS 3.0) assessment tool. MDS 3.0 is part of the U.S. federally-mandated process for assessing residents upon admission, quarterly, annually, and when there has been a significant change in status. The process provides a comprehensive assessment of each resident's functional capabilities and assists nursing facility (NF) staff to identify health problems. MDS 3.0 is one of the first new quality assurance steps CMS is mandating of state Medicaid agencies for better integration and efficiency of the health care delivery system.

Specifically, CMS wrote: "While MDS 3.0 has several new enhancements to ensure the resident assessments are more person-centered, there are notable changes in the MDS' Section Q, which address resident discharge planning. Under Section Q, nursing facilities must now ask residents directly if they are 'interested in learning about the possibility of returning to the community'." If a resident indicates "yes," a facility is required to make appropriate referrals to state designated Local Contact Agencies (LCA). The change to MDS ensures that all individuals are asked about their preferences and advised of community options.

This new mandate required the Department to designate organizations, LCAs, who would speak with interested NF residents about available options for care in the community, and to track NF referrals, LCA contacts, and the outcomes of those contacts.

In FY 2012-13, BCP HC12-05 was approved for 8.0 limited term positions for four years for the CCT Demonstration Project. Staff are required to fulfill MDS 3.0 mandates, recruit additional CCT Lead Organizations, meet CMS data requirements, coordinate discharge services with managed health care plans, and provide operational and administrative support so that program objectives are addressed in a timely manner. This request would extend funding to address workload performed by existing limited term positions currently set to expire on June 30, 2016.

California Community Transitions Demonstration Project
4260-005-BCP-DP-2016-GB

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Resource History
(Dollars in thousands)

Long Term Care Division

Program Budget	2010-11	2011-12	2012-13	2013-14	2014-15
Authorized Expenditures	10,478	13,312	12,627	13,021	14,370
Actual Expenditures	9,905	12,594	12,627	12,074	13,332
Revenues	N/A	N/A	N/A	N/A	N/A
Authorized Positions	101.0	120.0	118.5	124.0	122.0
Filled Positions	95.8	103.6	104.0	102.5	106.0
Vacancies	5.2	16.4	14.5	21.5	16.0

Workload History

Workload Measure	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Transition and Care Plans	231	356	482	489	518	525
Transition Authorization Requests	1800	2500	2738	2976	3214	3452
Teleconferences with Lead Organizations	156	156	156	168	168	204
Quarterly and semi-annual reports to CMS	6	6	6	6	6	6
Annual budget preparation	1	1	1	1	1	1
Waiver enrollment applications	8	77	115	150	190	230
Event issue reports	61	86	95	110	130	150
Lead Organization Provider Contracts	0	0	25	0	0	35
Maintenance of Local Contact Agency list	12	12	12	13	13	16
Convening stakeholder advisory meetings	4	4	4	4	4	4

Analysis of Problem

Workload Measure	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Quality of Life Surveys	462	712	964	978	1036	1050
Roundtable Minutes or Policy and Guidance Letters	12	12	12	2	10	10

Workload history data were obtained through a number of tracking and data systems, managed by the Department and within the CCT Project. CCT Lead Organizations (LOs) are required to submit a Transition and Care Plan (TCP) for each participant prior to transition for final review and approval. 2010-2014 numbers are based on the number of participants who transitioned in each year. With anticipated increases in number of LOs and participants, 2015-16 numbers are projected. Treatment Authorization Requests (TARs) are derived from the Department's Service Utilization Review, Guidance, and Evaluation (SURGE) record-keeping system, but actual numbers for 2015-2016 are not known at this time. Instead, the 2015-2016 has been calculated based on data from a 6-month time period (January - June 2015). As new LOs are added as providers, there will be an increase in the number of TARs submitted each year. Teleconference counts came from nurses' calendars and regularly scheduled Roundtable conference calls. Waiver application counts were taken from Nursing Facility/Acute Hospital (NF/AH) & Assisted Living Waiver (ALW) application logs. Event/Issue (E/I) Reports are numbers taken from E/I log. All other numbers were simple counts, or pulled from the CCT database.

C. State Level Considerations

The CCT program is a mechanism for the State to provide vulnerable populations the opportunity to transition from a nursing facility setting to the community where they may access high quality long-term services and supports in an efficient and less restrictive delivery system. This coincides with the DHCS mission and strategic plan.

DHCS partners with five sister departments under the California Health and Human Services (CHHS) Agency through Inter-Agency (IA) Agreements to enhance the coordination of HCBS administered by other programs. For example some CCT consumers are eligible to receive Home and Community-Based Services Waiver for the Developmentally Disabled administered by the California Department of Developmental Services (CDDS), and many CCT consumers are eligible to receive In-Home Supportive Services (IHSS) administered by the California Department of Social Services (CDSS). The IAs between the Departments allow the state to draw down enhanced FMAP, 75% match rather than 50%, for post-transition services received for 365-days after transition.

DHCS also has an IA with the California Department of Aging (CDA) to enhance and increase the number of Aging and Disability Resource Centers (ADRCs) in the state, as well as the number of ADRC clients participating in CCT.

Analysis of Problem

D. Justification

The 5-year limited-term resources are necessary to ensure the CCT program is supported and run in an efficient manner through the remainder of the grant. The requested resources will address work related to overseeing the day to day operations of the program as well as the ongoing reporting requirements to CMS necessary to draw down grant funding. The workload will also include review of medical documentation and care plans for CCT participants to assess service needs, assess treatment authorization requests, and determine appropriate waiver service eligibility for potential CCT participants. Additionally, the resources will support monitoring and oversight of the 30 contracted lead organizations responsible for transitioning frail, elderly and disabled beneficiaries out of NFs and will allow DHCS to provide guidance to those organizations when necessary. The requested resources would allow for completing and transitioning the program so that it can be a permanent part of the Long Term Support Services (LTSS) delivery system. Furthermore, it will facilitate integrating the transition of individuals out of a NF to the Cal MediConnect and Medi-Cal managed care plans.

CCT is a critical component of the state's continued efforts towards compliance with the U.S. Supreme Court's 1999 Olmstead Decision, which affirms California's commitment to ensure persons with disabilities have appropriate access to, and choice regarding, community-based services and placement options. The extension of CCT provides further opportunities to build infrastructure for the provision of HCBS over long-term institutionalization, thereby improving the quality of life of the consumer and reducing costs.

Approval of this proposal will allow the state to:

1. Work to transition an additional 2,500 eligible individuals to the community setting of their choice who would otherwise have no option but to live in long-term care institutions.
2. Receive an additional 25% in enhanced FMAP for providing qualified HCBS to CCT Participants in their own homes for 365-days after discharge from an inpatient facility. By meeting grant benchmarks, the state can save approximately \$100 million in payments to health care facilities in the next five years.
3. Reinvest General Fund savings to provide HCB LTSS to Medi-Cal beneficiaries who are not eligible for CCT, but who prefer to move out of long-term inpatient facilities. As a condition of receiving the federal MFP grant, California is committed to investing the savings it realized from the enhanced FMAP (approximately \$27 million) into transitioning additional individuals out of inpatient care facilities.
4. Generate ongoing savings by providing services to individuals in the community instead of in Medi-Cal inpatient facilities. CCT will reduce Medi-Cal inpatient facility expenditures attributed to full scope inpatient facility care by an average of 40% by providing services to the same individuals in the community.

Individuals who have long stays in health care facilities face an array of challenges in transitioning back into the community, including lack of understanding about availability of and access to HCBS, which includes accessible and affordable housing. Historically, the state has emphasized diversion of individuals from NFs; however, many individuals become eligible for Medi-Cal while they are still in facilities. By this time, most have lost their community supports and their options for leaving are minimized. CCT provides the opportunity for the state to transition these long-stay residents and help develop regional infrastructures to sustain community LTSS for all Californians.

Analysis of Problem

The anticipated five-year extension of MFP federal special project will pose a great challenge for DHCS if the requested resources are not authorized. At this point, LTCD does not have the resources to fully manage the associated grant workload if resources are not provided to continue to address the workload of expiring limited term positions. Failure to obtain the required resources could lead to the failure of the MFP/CCT Demonstration, which would result in a loss of federal funding for the support and facilitation of institution-to-community transitions. Without resources to administer, monitor, and report on the grant, CMS could reduce and/or reallocate California's MFP grant funds when grant deliverables are not met.

Failure of the MFP/CCT Demonstration will eliminate enhanced FMAP for HCB LTSS and increase Medi-Cal costs, as more beneficiaries will be placed, or will remain, in inpatient facilities rather than living in a community setting. The state will no longer save 25% on HCB LTSS for 365-days, by receiving enhanced FMAP for CCT consumers who transitioned from an inpatient facility to the community. Without resources to administer and monitor the grant, CMS could reduce and/or reallocate California's grant funds when grant deliverables are not met, putting over \$80,000,000 of federal funding at risk.

E. Outcomes and Accountability

The request is for 5-year limited-term resources, of \$941,000 (Federal Trust Fund) to support the following expected outcomes:

- MFP will meet the benchmark of 2,500 transitions by September 30, 2020.
- Data reports to CMS will be submitted on time for inclusion in national data reporting.
- Nursing facilities will properly refer individuals to LCAs for options counseling.
- MFP will add 8 lead organizations for a total of 40 to achieve statewide coverage.
- MFP will save the state \$129,526,551 in funding by transitioning 2,500 beneficiaries from nursing facilities to the community (HCBS savings + enhanced FMAP).

Projected Outcomes

Workload Measure	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Transition and Care Plans	525	549	561	573	0	0
Transition Authorization Requests	3452	3928	4166	4404	4642	1160
Teleconferences with Lead Organizations	204	252	276	300	324	324
Quarterly and semi-annual reports to CMS	6	6	6	6	6	6
Annual budget preparation	1	1	1	1	1	0

Analysis of Problem

Workload Measure	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Waiver enrollment applications	230	318	362	406	450	0
Event issue reports	150	184	201	218	235	252
Lead Organization Provider Contracts	35	10	100	0	0	0
Maintenance of Local Contact Agency list	16	20	22	24	26	28
Convening stakeholder advisory meetings	4	4	4	4	4	4
Quality of Life Surveys	1050	1098	1122	1146	573	50
Roundtable Minutes or Policy and Guidance Letters	10	10	10	10	10	0
Budget, audit and reporting close out and workload transition.	0	0	0	0	365	365

F. Analysis of All Feasible Alternatives

Alternative 1: Approve the 5-year limited-term resources of \$941,000 annually (Federal Trust Fund). **The limited-term extension of funding will be 7/1/16 through 6/30/2021.**

Pros:

- Does not require General Fund dollars.
- Allows 2,500 or more additional eligible individuals to transition to the community who would otherwise have no option but to live in long-term care health facilities.
- Generates General Fund savings over the course of the Demonstration by providing Enhanced Federal Funds for the provision of HCBS to eligible Medi-Cal beneficiaries who prefer to transition from health facilities to community settings. These savings will fund additional transitions from nursing homes which, in turn, will generate additional savings in Medi-Cal nursing home expenditures.
- Complies with the Americans with Disabilities Act and the U.S. Supreme Court's Olmstead Decision.
- Is consistent with the Administration's goals and the national movement to provide services to persons with disabilities in the most integrated setting of their choice.
- Aligns with the triple aim of the Affordable Care Act, which seeks to improve the patient experience of care, improve the health of populations, and reduce the per capita cost of health care.

Analysis of Problem

- Builds sustainable HCBS infrastructure for coordination and oversight of safe and appropriate relocation of Medi-Cal beneficiaries from costly long-term care inpatient health facilities back into their communities.
- Meets the federal mandate of rebalancing Medicaid expenditures toward HCBS.
- Improves collaboration between nursing facilities and community integration agencies.
- Educates and raises awareness to long-term nursing facility residents on choices available to them for returning to community living.

Con:

- Maintains limited-term resources instead of creating permanent positions to continue the state's long-term care rebalancing efforts beyond 2020.

Alternative 2: Request 5-year limited-term resources of \$587,000 annually (Federal Trust Funds). **The limited-term extension of funding will be 7/1/16 through 6/30/2021.**

Pros:

- Does not require General Fund dollars.
- Allows 1,500 additional eligible individuals to transition to the community who would otherwise have no option but to live in long-term care health facilities.

Cons:

- An inability to redirect staff will prevent future growth of the CCT project.
- Restricts CCT ability to pre-authorize services thereby limiting participation in the program.
- California nursing facility residents will remain uninformed on options they have to return to community living.
- CCT transitions will be delayed, increasing Medi-Cal costs on expensive and unnecessary institutional care.
- Leaves residents who would be better served in community settings in health care facilities.
- Leaves a substantial portion, in federal grant funding unclaimed because the transition benchmarks could not be met.
- Foregoes the ability to leverage enhanced federal funding for provision of HCBS.
- Severely limits development of infrastructure and recruitment of providers who deliver HCBS to persons of all ages with disabilities.

Alternative 3: Do not approve the 5-year limited-term resources. The current positions will expire on 6/30/16.

Pros:

- Will reduce the size of state government.

Cons:

- Results in reduction of current CCT activities.
- Leaves residents who would be better served in community settings in health care facilities, costing substantially higher General Fund dollars than if the residents were residing in their own homes or the community.
- Leaves a substantial portion in federal grant funding unclaimed because the transition benchmarks could not be met.
- Foregoes the ability to leverage enhanced federal funding for provision of HCBS.

Analysis of Problem

- Severely limits development of infrastructure and recruitment of providers who deliver HCBS to persons of all ages with disabilities.
- California nursing facility residents will remain uninformed of options they have to returning to community living.
- CCT transitions will cease.

G. Implementation Plan

- CCT will continue at the current rate of service.
- Beginning on October 1, 2016, the CCT will begin the implementation of the CMS-approved Sustainability Plan, which will be implemented through September 30, 2020 and complete close out and transitioning workload responsibilities through June 30, 2021.

H. Supplemental Information

None.

I. Recommendation: Alternative 1

Approve the 5-year limited-term resources and expenditure authority of \$941,000 (Federal Trust Fund).

Failure to have adequate staffing to maintain and grow the CCT program will result in diminished enhanced FMAP for the state and increased Medi-Cal costs as more beneficiaries will be placed or will remain in nursing facilities rather than living in the community setting. Furthermore, the grant amount allocated to CCT could be reduced and re-allocated to other states if grant deliverables are not fulfilled.

WORKLOAD STANDARDS

**Long-Term Care Division - Waiver Clinical Section
5-Year Limited-Term Resources to Address the Following Activities (7/1/16-6/30/21)**

Activities	Number of Items	Hours per Item	Total Hours
Reviews medical histories, assessments and care plans, and assesses service needs of potential CCT participants.	672/year	0.75	504
Determines appropriate waiver/program eligibility for CCT participants.	528/year	0.75	396
Holds weekly/bi-weekly case study teleconferences with Lead Organizations and their transition coordinators.	208/year	3	624
Serves as a resource to resolve transition issues.	96/year	1.5	144
Maintains CCT participant files according to HIPAA.	360/year	0.2	72
Reviews and adjudicates HCBS requests submitted through Medi-Cal Treatment Authorization Requests (TARs).	1,040/year	1.5	1,560
Reviews TAR documentation to ascertain medical necessity and appropriate level of care for services.	416/year	3	1,248
Assists project team in compiling required state and federal monthly, quarterly, semi-annual and final reports.	20/year	1	20
Consults with transition coordinators to design HCBS alternatives for participants with complex needs.	180/year	2	360
Provides ongoing monitoring and assistance to Lead Organizations.	208/year	1	208
Consults with Lead Organizations to address quality management strategies concerning participants' health and safety.	72/year	0.5	36
Prepares for presentations, meetings and conferences.	2/year	42	84
Attends training and educational sessions.	6/year	24	144
Total workload projected			5,400

WORKLOAD STANDARDS**Long-Term Care Division - Waiver Operations Section
5-Year Limited-Term Resources to Address the Following Activities (7/1/16-6/30/21)**

Activities	Number of Items	Hours per Item	Total Hours
Acts as the State Point of Contact for certified nursing facilities and responds to Section Q inquiries from stakeholders at the federal, state, and local levels. Provides updates on MDS activities to executive management, the Olmstead Advisory Committee, nursing facility member associations, and other interested stakeholders.	6/year	2	12
Coordinates with the MFP project team at CMS; actively participates in monthly teleconferences, webinars, and mandatory meetings, as required.	28/year	1	28
Develops Service Contracts, Inter-Agency Agreements, and University Support Contracts, as necessary. Monitors contract invoicing and processing.	10/year	30	300
Identifies, researches, composes, and distributes MFP/CCT Policy and Guidance Letters on critical issues affecting MFP/CCT program operations, reporting, and/or compliance issues.	10/year	30	300
Develops and maintains ADA-compliant operational, reporting, and compliance forms to meet federal, state, and grant requirements.	24/year	12	288
Manages MFP/CCT, MDS, and HCBS Advisory Workgroup Series webpages on DHCS' website; adheres to Department standards for stakeholder engagement and notification.	9/year	12	108
Provides consultation and technical assistance to project team members, other state department representatives, stakeholders, and lead organizations regarding state and federal laws, grant requirements, procedures governing the Medi-Cal program, the array of HCBS waivers, and how they coordinate with the MFP/CCT project.	200/year	0.5	100

Activities	Number of Items	Hours per Item	Total Hours
Drafts Policy and Guidance Letters, official correspondence, briefing papers, technical assistance, and other products on inpatient facility transitions for executive management, state department partners, CHHS Agency, and CMS.	4/year	16.0	64
Secures project resources via Budget Change Concepts and Proposals (BCC and BCP) for future project years; and responds to legislative proposals, requests for bill analyses, and other administrative initiatives relative to long term care and the MFP Demonstration.	4/year	12	48
Assists Project Director with stakeholder meetings and ad hoc workgroup meetings.	6/year	20	120
Works on special projects and administrative initiatives, as necessary. Assists with the planning, design, and implementation of LTC Waiver projects under the Medi-Cal program, including the CCT Demonstration and the Department's efforts in shaping the state's 1915(c) HCBS Waivers delivery system.	216/year	1	216
Monitors the implementation of the 2016-2020 CCT Sustainability Plan, assists with the closeout of the MFP/CCT Demonstration between 2020 - 2021.	12/year	18	216
Total workload projected			1,800

WORKLOAD STANDARDS

**Long-Term Care Division - Waiver Operations Section
5-Year Limited-Term Resources to Address the Following Activities (7/1/16-6/30/21)**

Activities	Number of Items	Hours per Item	Total Hours
Plans, organizes, and assumes full responsibility for completion of Federal and State fiscal, demographic, and performance reporting documents required for accurate and maximum drawdown of federal grant funds in accordance with complex allocations; makes Medi-Cal and department General Fund allocation adjustments, and interdepartmental reimbursements; calculates departmental program support expenditures; oversees departmental Medi-Cal cash flow investigations for the MFP grant and CCT program.	50/year	20	1,000
Maintains the central MFP/CCT database for developing data access protocols necessary for investigative study and consultation on the feasibility, impact, and alternative approaches for incorporating project changes; conducts statistical and qualitative data analyses of the Federally-mandated MDS 3.0 Section Q compliance requirements; ad hoc requests, Health and Human Services Agency Olmstead Committees; etc.	30/year	5	150
Collaborates with the Division's senior research staff in formulating appropriate methodologies for continuously evolving systems change.	10/year	5	50
Instructs Research Analyst II in research techniques. These include various types of statistical sampling and incorporation of other factors in the analysis including data aggregation and analyses, when needed.	40/year	5	200
Oversees and trains research, analyst, and support staff in the collection, validation, organization, and maintenance of program data.	100/year	1	100
Provides guidance on the interpretation and application of analytical findings to Unit and Division staff, and staff from other Divisions and Departments; maintains communication and cooperation with the Departments of Social Services and Developmental Services.	100/year	2	200

Attachment A

Activities	Number of Items	Hours per Item	Total Hours
Attends unit/section meetings, conference calls with CMS, regularly scheduled Roundtable discussions with Lead Organizations, as well as required DHCS trainings.	100/year	1	100
Total workload projected			1,800

WORKLOAD STANDARDS

**Long-Term Care Division - Waiver Operations Section
5-Year Limited-Term Resources to Address the Following Activities (7/1/16-6/30/21)**

Activities	Number of Items	Hours per Item	Total Hours
Works independently and in concert with the Research Program Specialist I to develop, implement and monitor systems and procedures to assemble and structure data need for State and Federal reporting.	48/year	3	144
Coordinate data collection activities with team members including other Division and Department staff.	13/year	2	26
Work with CCT/ALW nurses to research technical issues, provide technical guidance to stakeholders on CMS requirements.	48/year	3	144
Compile and analyze quantitative data related to Treatment Authorization Requests adjudicated by intake nurses.	570/year	1	570
Maintain database to track expenditures for cost reporting purposes and update participants' information transitioning into the program.	36/year	20	720
Run queries, data mining from CA-MMIS, MISDSS, and SURS Prospector for reporting, monitoring and program evaluation.	12/year	4	48
Prepare statistical reports for the budget worksheet and update policy changes.	1/year	32	32
Prepare CMS semi-annual report.	2/year	40	80
Conduct appropriate research based on recommendations, coordinate acceptance and implement solutions among DHCS, CDDS, CDSS, and CMS.	4/year	9	36
Total workload projected			1,800

WORKLOAD STANDARDS

**Long-Term Care Division - Waiver Operations Section
5-Year Limited-Term Resources to Address the Following Activities (7/1/16-6/30/21)**

Activities	Number of Items	Hours per Item	Total Hours
Uses Microsoft Excel to compile data for required federal Quality of Life Surveys (QOL) and quarterly financial reports.	1050/year	0.5	525
Reviews QOLs for accuracy prior to submitting data to Federal database and follows up with Lead Organizations, when necessary.	4/year	4	16
Processes applications from organizations that want to provide CCT services as a Lead Organization, and processes Medi-Cal provider eligibility applications, when necessary.	10/year	30	300
Processes 2016-2020 Local Service Provider Contracts for execution.	35/year	20	700
Coordinates mailings and electronic correspondence to new Lead Organizations.	38/year	0.5	19
Updates and maintains master Local Service Provider contact lists, and statewide Local Contact Agency contact information available on DHCS' website.	10/year	2	20
Drafts new CCT Policy and Guidance Letters, routes each letter to stakeholders, legal, and management for review, feedback, and approval.	6/year	12	72
Drafts, obtains topics for, and distributes the Agenda for the monthly Lead Organization Roundtable conference calls.	24/year	0.5	12
Assists CCT Lead Organizations resolve billings issues with the fiscal intermediary.	68/year	2	136
Total workload projected			1,800

WORKLOAD STANDARDS

Long-Term Care Division - Waiver Operations Section
5-Year Limited-Term Resources to Address the Following Activities (7/1/16-6/30/21)

Activities	Number of Items	Hours per Item	Total Hours
Consistently monitors the CCT secure e-mailbox to ensure timely receipt of all participant forms: Consumer Information, Critical Incident, Suspension, New Participant Information, Transition Reports, Drop and Census reports, Initial and Final Transition Care Plans, Waiver Applications, Home Safety Evaluations, Waiver check lists, Quality of Life Surveys, and TAR and receipt information.	2,070/year	0.2	414
Reviews documentation submitted by CCT Lead Organizations for accuracy and completeness. Extracts data from selected forms and inputs that information into the CCT database. Routinely contacts CCT LOs via email or telephone to obtain clarification, or to request additional information.	2,070/year	0.2	414
Electronically distributes all incoming documentation to appropriate CCT project team members. Independently maintains the HIPPA compliant CCT filing system by making new files, purging old files, and filing documentation including clinical notes and transitions into electronic alphanumeric folders.	2,070/year	0.2	414
Supports the CCT project team members in verifying eligibility for participation, checking for other health coverage, participant Share of Cost, etc., utilizing MEDS and other internal CCT databases.	2,070/year	0.2	414
Facilitates monthly Roundtable Teleconferences with CCT Lead Organizations for the purpose of sharing best practices and discussing current issues.	12/year	2	24
Attends and participates in a variety of program policy, procedure, and progress meetings on a Unit, Branch, Division, Departmental, and Statewide Stakeholder level. Also meets to discuss personal workload progress and participates in Nurse Evaluator Caseload Discussions.	68/year	1	68

Attachment A

Activities	Number of Items	Hours per Item	Total Hours
Format documents for posting on DHCS website in accordance with ADA compliance requirements and post materials to DHCS website.	52/year	1	52
Total workload projected			1,800